Burke County Board of Equalization and Review

Office of the Burke County Tax Administration
PO Box 219
Morganton, NC 28680-0219

Burke County Board of E&R
PO Box 219
Morganton, NC 28680-0219

USE A SEPARATE FORM FOR EACH APPEAL FILED

INCOMPLETE FORMES WILL BE REJECTED

I hereby request a hearing before the Burke County Board of Equalization and Review to appeal the tax valuation of the property described below. The following information is provided in support of this appeal for the tax year of _____.

Property Information

Property is listed in the name of: _____

Street Address / Physical Location: _____

REID (Real Estate ID Number): _____ or PIN Number: _____

TAXPAYER'S ESTIMATION OF VALUE:		**TAX OFFICE VALUE:**	
Land:	$_____	Land	$_____
Building	$_____	Building	$_____
Misc. Improvements	$_____	Misc. Improvements	$_____
TOTAL ***(required)***	$_____	TOTAL	$_____

ADDITIONAL INFORMATION: use the back or additional sheets if necessary: _____
_____

I understand that it is the property owner's responsibility to prove the County's assessed value is excessive or not uniform with like properties in the county. Written documentation should be presented to support the taxpayer's estimation of value. Acceptable documentation would be a fee appraisal, purchase price, offer to purchase contract, listing agreement with a real estate agent, or an insurance policy with a replacement cost. Because all real property is valued as of January 1, 2023, all forms of documentation used with this appeal must be from before January 1, 2023.

I further understand that the Board of Equalization and Review will consider valuation issues only. From the facts presented, the Board has three options: ***to sustain the value*** (make no change), ***reduce the value***, or ***increase the current assessed value.*** I also understand that the Board will send notification of the date, time, and place of my appointment 7 to 10 days in advance of my appointment.

_____
(PRINT NAME) (DATE)

_____
(SIGN)

_____
(MAILING ADDRESS)

_____

_____
(PHONE NUMBER) Cell? ____ YES ____ NO

EMAIL ADDRESS: _____

TAX OFFICE USE ONLY

(DATE FILED) _____

_____
(RECEIVED BY)

_____
(POSTMARK DATE)

_____
(BOARD DECISION)